

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006141

**Entity Name:** BR SURGICAL, LLC

**Current Principal Place of Business:**

3500 BEACHWOOD COURT  
UNIT 107  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3500 BEACHWOOD COURT  
UNIT 107  
JACKSONVILLE, FL 32224

**FEI Number:** 83-0347531

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARROW, JOHN DOUGLAS  
3500 BEACHWOOD COURT  
UNIT 107  
JACKSONVILLE, FL 32224 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name REIS, TIMOTHY J  
Address 3500 BEACHWOOD COURT, UNIT 107  
City-State-Zip: JACKSONVILLE FL 32224

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY J. REIS

**MANAGING PARTNER**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date